

Case Number:	CM13-0051213		
Date Assigned:	12/27/2013	Date of Injury:	07/18/2009
Decision Date:	04/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female with a date of injury on 7/18/09. Mechanism of injury was a physical attack, with the injured worker being kicked in the neck, back, and head by combative patient. The patient has had extensive prior treatment, including a cervical discectomy/fusion at C5-6/C606 on 11/16/10, right carpal tunnel release on 1/26/12, and a right shoulder arthroscopic SAD/debridement in 2012. She has additional diagnoses of bilateral shoulder impingement, myofascial pain, left wrist pain/DQTS and CTS. In May of 2013, a left CTS release surgery was requested due to persistent symptoms despite conservative care. On 6/17/13, this was reviewed in Utilization Review, and the CTR surgery and 4 post-op PT sessions were certified. The left CTR was performed on 9/06/13. The authorized 4 post-op PT sessions were completed, and a request for an additional 8 sessions was submitted to Utilization Review on 10/23/13. The UR physician reviewed the case, and recommended an additional 4, for a total of 8 post-op PT sessions, per guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ADDITIONAL EIGHT (8) POST OP PHYSICAL THERAPY SESSIONS FOR THE LEFT WRIST/HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

Decision rationale: Guidelines recommend 3-8 sessions of post-op PT following either an open or endoscopic carpal tunnel release surgery. In this case, the surgery and 4 post-op PT sessions were initially certified. On completion of the 4, another 8 were requested and submitted to Utilization Review for consideration. The physician reviewer recommended certification up to the guideline recommended duration of 8, and modified the request to another 4. This was the correct decision, and there are no extenuating clinical issues that justify extension beyond that amount. Medical necessity for an additional 8 session of PT for the left wrist was not substantiated.